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copy designator.

Copy 1 (Individual's Health Record)  
Copy 2 (Aviation Unit Commander)

Copy 3 (Aircrew Member's File Copy)

## MEDICAL RECOMMENDATION FOR FLYING DUTY

For use of this form, see AR 40-501; the proponent agency is the Office of The Surgeon General

TO:

FROM:

1. NAME (Last, First, MI)

2. SSN

3. GRADE

4. DATE OF BIRTH

5. ORGANIZATION

6. TYPE FLYING DUTY PERFORMED

### SECTION A - QUALIFYING ACTION RECOMMENDED BY MEDICAL AUTHORITY

7. MEDICAL CLEARANCE IS RECOMMENDED FOR THE FOLLOWING REASON(S): *(Check one or more)*

- |  |  |
|--|--|
| a. <input type="checkbox"/> TERMINATION OF TEMPORARY MEDICAL SUSPENSION          | g. <input type="checkbox"/> ISSUE OF WAIVER FOR MEDICAL DISQUALIFICATION |
| b. <input type="checkbox"/> MEDICAL EXAMINATION                                  | h. <input type="checkbox"/> OTHER <i>(Explain under remarks)</i>         |
| c. <input type="checkbox"/> REPORTING TO NEW DUTY STATION                        |  |
| d. <input type="checkbox"/> AFTER AIRCRAFT MISHAP                                |  |
| e. <input type="checkbox"/> TERMINATION OF MEDICAL DISQUALIFICATION              |  |
| f. <input type="checkbox"/> PENDING ISSUE OF WAIVER FOR MEDICAL DISQUALIFICATION |  |

8. REQUIRED TO WEAR GLASSES WHILE FLYING OR OTHER DUTIES REQUIRING CORRECTED VISUAL ACUITY. (CONTACT LENSES ARE PROHIBITED UNLESS SPECIFICALLY AUTHORIZED.) ☐ YES ☐ NO

9. EFFECTIVE DATE

10. DATE CLEARANCE  
EXPIRES

### SECTION B - DISQUALIFYING ACTION RECOMMENDED BY MEDICAL AUTHORITY

11. THE FOLLOWING ACTION IS RECOMMENDED:

- |   |  |
|---|--|
| a. <input type="checkbox"/> TEMPORARY MEDICAL SUSPENSION                      | d. <input type="checkbox"/> PERMANENT MEDICAL DISQUALIFICATION<br>FOLLOWING-A/C MISHAP |
| b. <input type="checkbox"/> TEMPORARY MEDICAL SUSPENSION FOLLOWING A/C MISHAP | e. <input type="checkbox"/> OTHER <i>(Explain under remarks)</i>                       |
| c. <input type="checkbox"/> PERMANENT MEDICAL DISQUALIFICATION                |  |

12. ESTIMATED DURATION OF INCAPACITY TO FLY

13. EFFECTIVE DATE

14. REMARKS

15. WHILE IN A DUTY NOT INVOLVING FLYING STATUS

SIMULATOR DUTIES ALLOWED ☐ YES ☐ NO

GROUND RUNUP DUTIES ALLOWED ☐ YES ☐ NO

16. TYPED NAME AND GRADE OF FLIGHT SURGEON

17. FLIGHT SURGEON SIGNATURE

18. DATE

### SECTION C - CERTIFICATION BY AIRCREW MEMBER

19. I CERTIFY THAT I HAVE BEEN NOTIFIED OF THE RECOMMENDATION(S) ABOVE AND UNDERSTAND THAT I ☐ MAY OR ☐ MAY NOT PERFORM AVIATION DUTIES AS OF THIS DATE

20. SIGNATURE

21. DATE

### SECTION D - ACTION TAKEN BY COMMANDER

22. THE MEDICAL RECOMMENDATION IS ☐ APPROVED ☐ DISAPPROVED

23. TYPED NAME AND TITLE OF COMMANDER

24. COMMANDER'S SIGNATURE

25. DATE